

1 **California Code of Regulations**
2 **Title 22. Social Security**
3 **Division 9. Prehospital Emergency Medical Services**
4 **Chapter 3. Advanced Emergency Medical Technician-II**
5 _____

6
7 *The Emergency Medical Services Authority has illustrated changes to the original text in*
8 *the following manner:*
9

- 10 • Additions to original text = underline.
11 • Deletions to the original text = ~~strikeout~~
12 _____

13 **Article 1. Definitions**

14 **§ 100101. Advanced Emergency Medical Technician EMT-II Approving Authority.**

15 "Advanced Emergency Medical Technician (Advanced EMT) EMT-II Approving
16 Authority" means the local Emergency Medical Services Agency (LEMSA).

17 NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

18 Reference: Sections 1797.82, 1797.171, 1797.200, ~~and~~ 1797.208, and 1797.218 Health
19 and Safety Code.

20 **§ 100102. Advanced EMT EMT-II Certifying Authority Entity.**

21 "Advanced EMT EMT-II Certifying Entity Authority" means the medical director of the
22 LEMSA local EMS Agency.

23 NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

24 Reference: Sections 1797.62, 1797.82, 1797.118, 1797.171, ~~and~~ 1797.210, and
25 1797.218 Health and Safety Code.

26 **§ 100102.1. Emergency Medical Services Quality Improvement Program.**

27 "Emergency Medical Services Quality Improvement Program" or "EMSQIP" means
28 methods of evaluation that are composed of structure, process, and outcome
29 evaluations which focus on improvement efforts to identify root causes of problems.

intervene to reduce or eliminate these causes, and take steps to correct the process,
and recognize excellence in performance and delivery of care, pursuant to the
provisions of Chapter 12 of this Division. This is a model program which will develop
over time and is to be tailored to the individual organization's quality improvement
needs and is to be based on available resources for the EMSQIP.

Note: Authority cited: Sections 1797.103, 1797.107, and 1797.171, Health and Safety
Code. Reference: Sections 1797.204 and 1797.220 Health and Safety Code.

§ 100103. Advanced Emergency Medical Technician-II.

"Advanced Emergency Medical Technician-II" or "Advanced EMT-II" means:

(a) an a California certified EMT-I who has been educated and trained in specific
prehospital with additional training in limited advanced life support (LALS) topics and
skills, whose scope of practice to provide limited advanced life support is in accordance
with according to the standards prescribed by this Chapter, and who has a valid
Advanced EMT wallet-sized certificate card issued pursuant to this Chapter, -or
(b) an individual who was certified as an EMT-II prior to January 1, 2009, whose scope
of practice includes the LEMSA approved Advanced EMT Scope of Practice as well as
the Local Optional Scope of Practice, and who was part of an EMT-II program in effect
on January 1, 1994.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.82 and 1797.171, Health and Safety Code.

§ 100103.1. Authority

"Authority" means the Emergency Medical Services Authority.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.82 and 1797.171, Health and Safety Code.

§ 100103.2. Limited Advanced Life Support

A “limited advanced life support service” or “LALS” means a provider approved by a LEMSA or state statute that utilizes Advanced EMT and/or EMT-II personnel.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.82, 1979.92 and 1797.171, Health and Safety Code.

§ 100104. Advanced EMT Certifying Examination

“Advanced EMT Certifying Examination,” as used in this Chapter, means an examination, ~~developed either administered by or selected~~ approved by the Advanced EMT-II Certifying Entity Authority and ~~selected by the Authority~~, given to an individual applying for certification as an Advanced EMT ~~EMT-II~~. The examination shall include both written and skills testing portions designed to determine an individual's competence for certification as an Advanced EMT ~~EMT-II~~.

NOTE: Authority cited: Sections 1797.107, 1797.171 and 1797.175, Health and Safety Code.

Reference: Sections 1797.171, 1797.175 and 1797.210, Health and Safety Code;

Article 2. General Provisions

§ 100105. Application of Chapter.

(a) Any LEMSA may approve an advanced life support (ALS), meaning Paramedic or LALS, meaning Advanced EMT program which provides services utilizing Advanced EMTs, or Paramedics, or any combination thereof.

1 (b) Prior to considering reduction of existing Paramedic services by initiating Advanced
2 EMT services, the LEMSA shall prepare an impact evaluation report indicating why the
3 continuation of Paramedic services are not feasible or appropriate. An impact
4 evaluation report shall only be required when existing Paramedic services are displaced
5 by new Advanced EMT services. The impact evaluation shall include, but not be limited
6 to:

7 (1) An evaluation describing why the geography, population density and resources
8 would not make the continuation of Paramedic services more appropriate or
9 feasible.

10 (2) The LEMSA shall hold a public hearing to receive input from the public regarding the
11 displacement of paramedic services or EMT-II services by Advanced EMT services.
12 The LEMSA may waive the public hearing if the topic of displacement of Paramedic
13 services has been specifically discussed previously in a different public hearing.

14 (c) The governing bodies of public safety agencies providing Paramedic services shall
15 hold a public hearing prior to considering displacement of existing Paramedic service
16 providers by initiating Advanced EMT services. The public safety agency shall:

17 (1) Give the LEMSA no less than six (6) months written notice from the date the
18 reduction from Paramedic is approved by the governing body and the implementation
19 date of an Advanced EMT program; and

20 (2) Provide the LEMSA with an evaluation report containing the expected impact to the
21 type of service due to the reduction in services no less than three (3) months from the
22 date the reduction in Paramedic service is approved by the governing body and the
23 implementation of an Advanced EMT program.

1 ~~(c d)~~ A local EMS agency shall not authorize the displacement of existing advanced life
2 support services (EMT-P) with limited advanced life support services (EMT-II) without
3 first determining that the geography, population density, and resources render the
4 continuation of advanced life support services infeasible. If the LEMSA determines that
5 conditions justifying the displacement of Paramedic services are not justified or feasible
6 pursuant to the impact evaluation report, the new Advanced EMT services shall not be
7 approved. If the LEMSA finds that the new Advanced EMT services are justified
8 pursuant to the impact evaluation, then the new Advanced EMT services may be
9 approved by the LEMSA after the EMS service provider has met the requirements of
10 Section 100126 of this Chapter.

11 ~~(a e)~~ Any LEMSA ~~local EMS Agency~~ which ~~authorizes~~ approves an Advanced EMT
12 EMT-II training program, or an LALS ~~limited advanced life support~~ service which
13 provides services utilizing Advanced EMT ~~EMT-II~~ personnel, shall be responsible for
14 approving Advanced EMT ~~EMT-II~~ training programs, Advanced EMT ~~EMT-II~~ service
15 providers, Advanced EMT ~~EMT-II~~ base hospitals, and for developing and enforcing
16 standards, regulations, policies, and procedures in accordance with this Chapter so as
17 to provide for quality assurance, appropriate medical control and coordination of the
18 Advanced EMT ~~EMT-II~~ personnel and training program(s) within an EMS system.

19 ~~(b f)~~ No person or organization shall offer an Advanced EMT ~~EMT-II~~ training program or
20 hold themselves out as offering an Advanced EMT ~~EMT-II~~ training program, or provide
21 ~~LALS limited advanced life support~~ services, or hold themselves out as providing LALS
22 ~~limited advanced life support~~ services utilizing Advanced EMTs ~~EMT-IIs~~ unless that
23 person or organization is ~~authorized~~ approved by the LEMSA ~~local EMS Agency~~.

NOTE: Authority cited: Sections 1797.2, 1797.107, ~~and~~ 1797.171, and 1797.218, Health and Safety Code.

Reference: Sections 1797.2, 1797.82, 1797.171, 1797.178, 1797.200, 1797.201, 1797.204, 1797.206, 1797.208, 1797.218, 1797.220, 1798 and 1798.100, Health and Safety Code.

§ 100106. Advanced EMT Scope of Practice of Emergency Medical Technician II (EMT-II).

(a) An Advanced EMT ~~EMT-II~~ may perform any activity identified in the scope of practice of an EMT-I in Chapter 2 of this Division.

(b) A certified Advanced ~~EMT-II~~ or an Advanced ~~EMT-II~~ trainee, as part of an organized EMS system, while caring for patients in a hospital as part of their training or continuing education, under the direct supervision of a ~~p~~Physician or ~~r~~Registered ~~n~~Nurse, or while at the scene of a medical emergency or during transport, or during interfacility transfer ~~when medical direction is maintained by a physician, or an authorized registered nurse~~ and is authorized to all of the following according to the policies and procedures approved by the LEMSA ~~local EMS Agency~~, may:

(1) Perform pulmonary ventilation by use of a ~~n~~ esophageal-tracheal airway device perilaryngeal airway adjunct.

(2) Institute intravenous (IV) catheters, saline locks, needles or other cannulae (IV lines), in peripheral veins.

(3) No Change.

(4) Obtain venous and/or capillary blood samples for laboratory analysis.

(5) Use blood glucose measuring device.

- 1 ~~(5) Apply and use pneumatic antishock trousers.~~
- 2 ~~(6) Administer, using prepackaged products where available, the following drugs in a~~
- 3 ~~route other than intravenous:~~
- 4 ~~(A) No Change;~~
- 5 ~~(B) aspirin~~
- 6 ~~(C) glucagon~~
- 7 ~~(D) inhaled beta-2 agonists (bronchodilators)~~
- 8 ~~(E) activated charcoal~~
- 9 ~~(B) syrup of ipecac;~~
- 10 ~~(C) lidocaine hydrochloride;~~
- 11 ~~(D) atropine sulfate;~~
- 12 ~~(E) sodium bicarbonate;~~
- 13 ~~(F) naloxone;~~
- 14 ~~(G) furosemide;~~
- 15 ~~(H G) epinephrine; and~~
- 16 ~~(I 7) Intravenous administration of 50% dextrose.~~
- 17 ~~(7) Defibrillate a patient in ventricular fibrillation.~~
- 18 ~~(8) Cardiovert an unconscious patient in ventricular tachycardia.~~
- 19 ~~(9) Assess and manage patients with the conditions listed in Section 100120 of this~~
- 20 ~~Chapter.~~
- 21 ~~(10) Perform the following optional procedures or administer the following optional drugs~~
- 22 ~~when such are approved by the medical director of the local EMS Agency,~~

~~and included in the written policies and procedures of the local EMS Agency, and when the EMT-II has been trained and successfully tested in these topics and skills as required to demonstrate competence in the additional practice(s):~~

~~(A) Perform gastric suction by nasogastric or orogastric intubation or through the esophageal gastric tube airway;~~

~~(B) visualize the airway by use of the laryngoscope and remove foreign body(ies) with forceps in airway obstruction;~~

~~(C) perform pulmonary ventilation by use of endotracheal intubation;~~

~~(D) administer calcium chloride;~~

~~(E) administer morphine sulfate; and~~

~~(F) utilize snake bite kits and constricting bands.~~

~~(c) The local EMS Agency may approve policies and procedures to be used in the event that an EMT-II at the scene of an emergency attempts direct voice contact with a physician or authorized registered nurse but cannot establish or maintain that contact and reasonably determines that a delay in treatment may jeopardize the life of a patient.~~

~~The EMT-II may initiate any EMT-II activity authorized in this section in which the EMT-II has received training, when authorized by the policies and procedures of the local EMS Agency, and certification until such direct communication may be established and maintained or until the patient is brought to a general acute care hospital.~~

During a mutual aid response into another jurisdiction, an Advanced EMT may utilize the scope of practice for which s/he is trained and certified according to the policies and procedures established by his/her certifying LEMSA.

~~(d) An EMT-II may initiate only the following forms of emergency treatment prior to attempting voice or telemetry contact with a physician or authorized registered nurse in accordance with written policies and procedures approved by the local EMS Agency:~~

~~(1) Administer intravenous glucose solutions or isotonic balanced salt solutions, including Ringer's lactate solution, when it is reasonably determined that the patient has sustained cardiac or respiratory arrest or is in extremis from circulatory shock.~~

~~(2) Perform pulmonary ventilation by use of an esophageal airway, or endotracheal intubation if certified to do so, when it is reasonably determined that a patient has sustained respiratory arrest.~~

~~(3) Apply and use pneumatic antishock trousers when it is reasonably determined that the condition of the patient necessitates such action.~~

~~(4) Defibrillate a patient in ventricular fibrillation.~~

~~(5) Cardiovert an unconscious patient in ventricular tachycardia.~~

~~(6) Visualize the airway by use of the laryngoscope and remove foreign body(ies) with forceps in complete airway obstruction.~~

~~(e) In each instance where limited advanced life support procedures are initiated in accordance with the provisions of subsection (c) of this section, immediately upon ability to make voice contact, the EMT-II who has initiated such procedures shall make a verbal report to the EMT-II base or satellite hospital physician or authorized registered nurse. Written documentation of the event shall be filed with the EMT-II base hospital physician, when possible, immediately upon delivery of the patient to a hospital, but in no case shall the filing of such documentation be delayed more than twenty-four (24) hours. Documentation shall contain the reason or reasons, or suspected reason or~~

~~reasons, why the communication failed and the emergency medical procedures initiated and maintained, including, but not limited to, evaluation of the patient, treatment decisions, and responses to treatment by the patient. The base hospital physician shall evaluate this report and forward the report and evaluation to the medical director of the local EMS Agency within seventy-two (72) hours.~~

(f) The scope of practice of an ~~EMT-II~~ Advanced EMT shall not exceed those activities authorized in this section ~~unless specifically approved in accordance with the provisions of subsection (b)(10) of this section.~~

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 8615, 8617, 8631, and 8632 Government Code. Sections 1797.82, and 1797.171 and 1798.4, Health and Safety Code.

§ 100106.1 Advanced EMT Local Optional Scope of Practice:

(a) Advanced EMTs who were not certified as EMT-IIs prior to the effective date of this Chapter are not eligible for accreditation in the scope of practice items listed in this Section.

(b) In addition to the activities authorized by Section 100106 of this Chapter, a LEMSA with an EMT-II program in effect on January 1, 1994, may establish policies and procedures for local accreditation of an individual previously certified, as an EMT-II, to perform any or all of the following optional skills specified in this section.

(1) Administer the Following Medications:

(A) Lidocaine hydrochloride

(B) Atropine sulfate

(C) Sodium bicarbonate

1 (D) Furosemide

2 (E) Epinephrine

3 (F) Morphine sulfate

4 (G) Benzodiazepines (midazolam)

5 (2) Perform synchronized cardioversion and defibrillation.

6 NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

7 Reference: Sections 1797.171, 1797.214, and ~~1798.4~~, Health and Safety Code.

8 **§ 100106.2. Advanced EMT Trial Studies.**

9 An Advanced EMT may perform any prehospital emergency medical care treatment
10 procedure(s) or administer any medication(s) on a trial basis when approved by the
11 medical director of the LEMSA and the Director of the Authority.

12 (a) The medical director of the LEMSA shall review a trial study plan, which at a
13 minimum shall include the following:

14 (1) A description of the procedure(s) or medication(s) proposed, the medical conditions
15 for which they can be utilized, and the patient population that will benefit.

16 (2) A compendium of relevant studies and material from the medical literature.

17 (3) A description of the proposed study design including the scope of the study and
18 method of evaluating the effectiveness of the procedure(s) or medication(s), and
19 expected outcome.

20 (4) Recommended policies and procedures to be instituted by the LEMSA regarding the
21 use and medical control of the procedure(s) or medication(s) used in the study.

22 (5) A description of the training and competency testing required to implement the
23 study.

1 (b) The medical director of the LEMSA shall appoint a local medical advisory committee
2 to assist with the evaluation and approval of trial studies. The membership of the
3 committee shall be determined by the medical director of the LEMSA, but shall include
4 individuals with knowledge and experience in research and the effect of the proposed
5 study on the EMS system.

6 (c) The medical director of the LEMSA shall submit the proposed study and send a
7 copy of the proposed trial study plan at least forty-five (45) calendar days prior to the
8 proposed initiation of the study to the Director of the Authority for approval in
9 accordance with the provisions of section 1797.221 of the Health and Safety Code. The
10 Authority shall inform the Commission on EMS of studies being initiated.

11 (d) The Authority shall notify, within fourteen (14) working days of receiving the request,
12 the medical director of the LEMSA submitting its request for approval of a trial study that
13 the request has been received, and shall specify what information, if any, is missing.

14 (e) The Director of the Authority shall render the decision to approve or disapprove the
15 trial study within forty-five (45) calendar days of receipt of all materials specified in
16 subsections (a) and (b) of this section.

17 (f) The medical director of the LEMSA within eighteen (18) months of initiation of the
18 procedure(s) or medication(s), shall submit a written report to the Commission on EMS
19 which includes at a minimum the progress of the study, number of patients studied,
20 beneficial effects, adverse reactions or complications, appropriate statistical evaluation,
21 and general conclusion.

22 (g) The Commission on EMS shall review the above report within two meetings and
23 advise the Authority to do one of the following:

1 (1) Recommend termination of the study if there are adverse effects or no benefit from
2 the study is shown.

3 (2) Recommend continuation of the study for a maximum of eighteen (18) additional
4 months if potential, but inconclusive benefit is shown.

5 (3) Recommend the procedure or medication be added to the EMT-II ~~basic or~~ local
6 optional scope of practice. Additions to the local optional scope of practice are only for
7 those EMT-II programs that were in effect on January 1, 1994.

8 (h) If option (g)(2) is selected, the Commission on EMS may advise continuation of the
9 study as structured or alteration of the study to increase the validity of the results.

10 (i) At the end of the additional eighteen (18) month period, a final report shall be
11 submitted to the Commission on EMS with the same format as described in (f) above.

12 (j) The Commission on EMS shall review the final report and advise the Authority to do
13 one of the following:

14 (1) Recommend termination or further extension of the study.

15 (2) Recommend the procedure or medication be added to the EMT-II local optional
16 scope of practice. Additions to the local optional scope of practice are only for those
17 EMT-II programs that were in effect on January 1, 1994.

18 (k) The Authority may require the trial study(ies) to cease after thirty-six (36) months.

19 NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

20 Reference: Sections 1797.3, 1797.82, 1797.171 and 1797.221, Health and Safety
21 Code.

22 **§ 100107. Responsibility of the LEMSA Local EMS Agency.**

1 The ~~LEMSA local EMS Agency~~, which approves ~~authorizes~~ a LALS ~~limited advanced~~
2 ~~life support~~ program, shall develop and maintain ~~establish~~ policies and procedures that
3 comply with guidelines established by the EMSA for training and maintenance of
4 knowledge, skills and abilities contained in this Section which shall include, but not be
5 limited to, the following:

6 (a) Development or approval, monitoring, and enforcement of standards, policies, and
7 procedures for the EMS system which relates to the Advanced EMT ~~EMT-II~~.

8 (b) Approval, denial, revocation of approval, and suspension of training programs,
9 Advanced EMT ~~EMT-II~~ base and ~~satellite hospitals~~ alternative base stations, and
10 Advanced EMT ~~EMT-II~~ service providers.

11 (c) Assurance of compliance of the Advanced EMT ~~EMT-II~~ training program and the
12 EMS system with the provisions of this Chapter

13 (d) Submission annually to the ~~State EMS~~ Authority the names of approved Advanced
14 EMT ~~EMT-II~~ training programs ~~and the number of currently certified EMT-IIs.~~

15 (e) Monitoring and evaluation of the EMS system as it applies to Advanced EMT ~~EMT-II~~
16 personnel.

17 (f) Development or approval, implementation and enforcement of policies for medical
18 control and medical accountability for the Advanced EMT ~~EMT-II~~ including:

19 (1) No Change.

20 (2) ~~EMT-II~~ patient care record and reporting requirements.

21 (3) No Change.

22 (4) No Change.

(5) Role and responsibility of the Advanced EMT ~~EMT-II~~ base and ~~satellite hospital~~
alternative base stations and Advanced EMT ~~EMT-II~~ service provider.

(g) No Change.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.82, 1797.171, 1797.178, 1797.200, 1797.202, 1797.204,
1797.206, 1797.208, 1797.210, 1797.211, 1797.220, 1798 and 1798.100, Health and
Safety Code.

§ 100107.1. Advanced EMT Quality Improvement Program.

(a) The LEMSA shall establish a system-wide quality improvement program (EMSQIP)
as defined in Section 100102.1 of this Chapter.

(b) Each Advanced EMT service provider, as defined in Section 100126 and each
Advanced EMT base hospital as defined in Section 100127, of this Chapter, shall have
an EMSQIP approved by the LEMSA.

(c) If, through the EMSQIP, the employer or medical director of the LEMSA determines
that an Advanced EMT needs additional training, observation or testing, the employer
and the medical director may create a specific and targeted program of remediation
based upon the identified need of the Advanced EMT. If there is disagreement between
the employer and the medical director, the decision of the medical director shall prevail.

NOTE: Authority cited: Sections 1797.107, 1797.171, Health and Safety Code.

Reference: Sections 1797.82, 1797.171, 1797.178, 1797.200, 1797.202, 1797.204,
1797.206, 1797.208, 1797.210, 1797.220, 1798 and 1798.100, Health and Safety Code.

Article 3. Program Requirements for Advanced EMT ~~EMT-II~~ Training Programs

§ 100108. Advanced EMT Approved Training Programs.

(a) The purpose of an Advanced EMT ~~EMT-II~~ training program shall be to prepare eligible EMT-I's to render prehospital LALS ~~limited advanced life support~~ within an organized EMS system.

(b) Advanced EMT ~~EMT-II~~ training shall be offered only by approved training programs.

Eligibility for training program approval shall be limited to the following institutions:

(1) Accredited universities and colleges, including junior and community colleges, and private postsecondary schools as approved by the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary Education.

(2) No Change.

(3) No Change:

(A) No Change

(B) No Change.

(4) No Change.

NOTE: Authority cited: Sections 1797.107, 1797.171, 1797.173, Health and Safety Code. Reference: Sections 1797.82, 1797.171, 1797.173 and 1797.208, Health and Safety Code.

§ 100109. Advanced EMT Training Program Teaching Staff.

(a) No Change:

(1) No Change.

(2) No Change.

(3) No Change.

(4) No Change.

(b) Each program shall have an approved course director who shall be a ~~p~~Physician, ~~or~~
~~r~~Registered ~~n~~Nurse, ~~or~~ Paramedic currently licensed in the State of California, or an
individual who holds a baccalaureate degree or equivalent in a related health field or
equivalent. The course director shall have a minimum of one (1) year experience in an
administrative or management level position and have a minimum two (2) years
academic or clinical experience in prehospital care education within the last five (5)
years. The approved course director shall be qualified by education and experience in
methods, materials, and evaluation of instruction which shall be documented by at least
forty (40) hours in teaching methodology. The courses include, but are not limited to the
following examples:

(1) State Fire Marshal Instructor 1A and 1B,
(2) National Fire Academy's Instructional Methodology,
(3) Training programs that meet the United States Department of
Transportation/National Highway Traffic Safety Administration 2002 Guidelines for
Educating EMS Instructors such as the National Association of EMS Educators Course.

(4) Duties of the course director shall include, but not be limited to:

(4 A) No Change.

(2 B) No Change.

(3 C) No Change.

(4 D) No Change.

(c) Each program shall have a principal i nstructor(s) who may also be the program
medical director or course director who shall:

(1) Be a ~~p~~Physician, ~~r~~Registered ~~n~~Nurse, or a ~~p~~Physician ~~a~~Assistant currently licensed in the State of California;

(2) Be a ~~n~~ Paramedic ~~EMT-P~~ or an Advanced EMT and/or EMT-II currently licensed or certified in California.

(3) No Change.

(4) No Change.

(5) No Change.

(6) Be qualified by education and experience in methods, materials, and evaluation of instruction, which shall be documented by at least forty (40) hours in teaching methodology. The courses include, but are not limited to the following examples:

(A) State Fire Marshal Instructor 1A and 1B,

(B) National Fire Academy's Instructional Methodology,

(C) Training programs that meet the United States Department of Transportation/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course.

(d) No Change.

(e) Each program shall have a field preceptor(s) who shall:

(1) Be a ~~p~~Physician, ~~r~~Registered ~~n~~Nurse, or a ~~p~~Physician ~~a~~Assistant currently licensed in the State of California; or

(2) Be a ~~n~~ Paramedic ~~EMT-P~~ or an Advanced EMT ~~EMT-II~~ currently licensed or certified in the State of California; and

(3) No Change.

(4) Be approved by the course director in coordination with the program medical director to provide training and evaluation of ~~an~~ an Advanced EMT ~~EMT-II~~ trainee during field internship with an authorized service provider.

(5) No Change.

(f) Each program shall have a hospital clinical preceptor(s) who shall:

(1) Be a ~~p~~Physician, ~~r~~Registered ~~n~~Nurse, or ~~p~~Physician ~~a~~Assistant who is currently licensed in the State of California.

(2) No Change.

(3) Be approved by the course director in coordination with the program medical director to provide evaluation of an Advanced EMT ~~EMT-II~~ trainee during the clinical training.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.82, 1797.171 and 1797.208, Health and Safety Code.

§ 100110. Advanced EMT Training Program Didactic and Skills Laboratory

An approved Advanced EMT ~~EMT-II~~ training program shall insure that no more than six

(6) trainees assigned to one (1) instructor/teaching assistant during the skills practice/laboratory sessions.

NOTE: Authority cited: Section 1797.107, 1797.171 and 1797.173, Health and Safety Code.

Reference: Sections: 1797.82, 1797.171, 1797.173 and 1797.208, Health and Safety Code.

§ 100111. Advanced EMT Training Program Hospital Clinical Training for EMT-II

(a) An approved Advanced EMT ~~EMT-II~~ training program shall provide for and monitor a supervised clinical experience at a hospital(s) which is licensed as a general acute care

1 hospital. The clinical setting may be expanded to include areas commensurate with the
2 skills experience needed. Such settings may include surgicenters, clinics, jails or any
3 other areas deemed appropriate by the LEMSA.

4 ~~(b) At least fifty (50) percent of the clinical experience shall be obtained from the EMT-II~~
5 ~~trainee's assigned base hospital.~~

6 (e- b) No Change.

7 (d c) Advanced EMT ~~EMT-II~~ clinical training hospital(s) shall provide clinical experience,
8 supervised by a clinical preceptor(s) approved by the training program medical director.

9 Hospitals providing clinical training and experience shall be approved by the program
10 medical director, and shall provide for continuous assessment of student performance.

11 No more than two (2) trainees will be assigned to one (1) preceptor during the
12 supervised hospital clinical experience at any one time. The clinical preceptor may
13 assign the trainee to another health professional for selected clinical experience.

14 Clinical experience shall be monitored by the training program staff and shall include
15 direct patient care responsibilities including the administration of additional drugs which
16 are designed to result in the competencies specified in this Chapter. Clinical
17 assignments shall include, but not be limited to: emergency, surgical, cardiac, obstetric,
18 and pediatric patients.

19 ~~(e) Clinical activities may be instituted on a modular basis.~~

20 (f d) The Advanced EMT ~~EMT-II~~ training program shall establish criteria to be used by
21 clinical preceptors to evaluate trainees. Verification of successful performance in the
22 prehospital setting shall be required prior to course completion or certification.

NOTE: Authority cited: Sections 1797.107, 1797.171 and 1797.173, Health and Safety Code. Reference: Sections 1797.82, 1797.171, 1797.173 and 1797.208, Health and Safety Code.

§ 100112. Advanced EMT Training Program Field Internship.

(a) An approved Advanced EMT ~~EMT-II~~ training program shall provide for and monitor a field internship with a designated Advanced EMT, ~~EMT-II~~ or Paramedic ~~EMT-P~~ service provider(s) approved by the training program medical director ~~and affiliated with a designated base hospital.~~

(b) After obtaining the approval of the LEMSA ~~local EMS Agency~~, the Advanced EMT ~~EMT-II~~ training program shall enter into a written agreement with an Advanced EMT ~~EMT-II~~ or Paramedic ~~EMT-P~~ service provider(s) to provide for this field internship, as well as for a field preceptor(s) to directly supervise, instruct and evaluate students. The field internship shall include direct patient care responsibilities which, when combined with the other parts of the training program, shall result in the Advanced EMT ~~EMT-II~~ competencies specified in this Chapter.

(c) The field internship shall be medically supervised and monitored in accordance with the policies of the LEMSA ~~local EMS Agency~~.

(d) No more than one (1) Advanced EMT ~~EMT-II~~ trainee shall be assigned to an Advanced EMT ~~EMT-II~~ or Paramedic response vehicle during the field internship.

~~(e) Field internship may be instituted on a modular basis.~~

~~(f)~~ e The Advanced EMT ~~EMT-II~~ training program shall establish evaluation criteria to be used by field preceptors to evaluate trainees.

NOTE: Authority cited: Sections 1797.107, 1797.171 and 1797.173, Health and Safety Code. Reference: Sections 1797.82, 1797.171, 1797.173 and 1797.208, Health and Safety Code.

§ 100113. Advanced EMT Training Procedure for Program Approval.

(a) Eligible training ~~institutions~~ programs as defined in Section 100108 of this Chapter, ~~that wish to be approved as an EMT-II training program~~ shall submit a written request for Advanced EMT ~~EMT-II~~ program approval to the Advanced EMT ~~EMT-II~~ Approving Authority.

(b) The Advanced EMT ~~EMT-II~~ Approving Authority shall receive and review the following prior to program approval:

(1) A statement ~~of course objectives~~ verifying that the course content is equivalent to the Model Advanced EMT Standard Curriculum (EMSA #133, June 2008).

(2) No Change.

(3) No Change.

(4) No Change.

(5) Provisions for supervised hospital clinical training, including standardized forms for evaluating Advanced EMT ~~EMT-II~~ trainees.

(6) Provisions for supervised field internship, including standardized forms for evaluating Advanced EMT ~~EMT-II~~ trainees.

(7) No Change.

(8) Provisions for course completion by challenge, including a challenge examination (if different from the final examination)

(c) The Advanced EMT ~~EMT-II~~ Approving Authority shall review the following prior to program approval:

(1) No Change.

(2) No Change.

(3) No Change.

(4) Evidence that the program provides adequate facilities, equipment, examination security, student record keeping, clinical training and field internship training.

(d) The Advanced EMT ~~EMT-II~~ Approving Authority shall make available to the ~~State~~ ~~EMS~~ Authority, upon request, any or all materials submitted pursuant to this Section by an approved Advanced EMT ~~EMT-II~~ training program in order to allow the ~~State~~ ~~EMS~~ Authority to make the determinations required by Section 1797.173 of the Health and Safety Code.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.82, 1797.171, 1797.173 and 1797.208, Health and Safety Code.

§ 100114. Advanced EMT Training Program Approval Notification.

(a) Program approval or disapproval shall be made in writing by the Advanced EMT ~~EMT-II~~ Approving Authority to the requesting training program within a reasonable period of time after receipt of all required documentation. This time period shall not exceed three (3) months.

(b) The Advanced EMT ~~EMT-II~~ Approving Authority shall establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.

(c) Program approval shall be for ~~two (2)~~ four (4) years following the effective date of program approval and may be renewed every ~~two (2)~~ four (4) years subject to the procedure for program approval specified in this Chapter.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.82, 1797.171, 1797.173 and 1797.208, Health and Safety Code.

§ 100115. Application of Regulations to Existing EMT-II Training Programs.

All EMT-II training programs in operation prior to the effective date of these regulations shall submit evidence of compliance with this Chapter to the Advanced EMT ~~EMT-II~~ Approving Authority for the county in which they are located within six (6) months after the effective date of these regulations.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Section 1797.82, 1797.171 Health and Safety Code.

§ 100116. Advanced EMT Training Program Review and Reporting.

(a) All program materials specified in this Chapter shall be subject to periodic review by the Advanced EMT ~~EMT-II~~ Approving Authority.

(b) All programs shall be subject to periodic on-site evaluation by the Advanced EMT ~~EMT-II~~ Approving Authority.

(c) Any person or agency conducting a training program shall notify the Advanced EMT ~~EMT-II~~ Approving Authority in writing, in advance when possible, and in all cases within thirty (30) calendar days of any change in course content, hours of instruction, course director, program medical director, principal instructor(s), course locations and proposed dates, provisions for hospital clinical experience, or field internship.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.82, 1797.171 and 1797.208, Health and Safety Code.

§ 100117. Advanced EMT Denial or Withdrawal of Training Program Approval.

~~Noncompliance with any criterion required for program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of this Chapter may result in withdrawal, suspension, or revocation of program approval by the EMT-II Approving Authority subject to the provision that an approved EMT-II training program shall have a reasonable opportunity to comply with this Chapter, but in no case shall the time exceed sixty (60) days from date of written notice of intent to withdraw program approval.~~

(a) Noncompliance with any criterion required for program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of this Chapter may result in denial, probation, suspension or revocation of program approval by the Advanced EMT training program approving authority. Notification of noncompliance and action to place on probation, suspend or revoke shall be done as follows:

(1) An Advanced EMT training program approving authority shall notify the approved Advanced EMT training program course director in writing, by registered mail, of the provisions of this Chapter with which the Advanced EMT training program is not in compliance.

(2) Within fifteen (15) working days of receipt of the notification of noncompliance, the approved Advanced EMT training program shall submit in writing, by registered mail, to the Advanced EMT training program approving authority one of the following:

1 (A) Evidence of compliance with the provisions of this Chapter, or
2 (B) A plan for meeting compliance with the provisions of this Chapter within sixty (60)
3 calendar days from the day of receipt of the notification of noncompliance.

4 (3) Within fifteen (15) working days of receipt of the response from the approved
5 Advanced EMT training program, or within thirty (30) calendar days from the mailing
6 date of the noncompliance notification if no response is received from the approved
7 Advanced EMT and/or EMT-II training program, the Advanced EMT training program
8 approving authority shall notify the Authority and the approved Advanced EMT training
9 program in writing, by registered mail, of the decision to accept the evidence of
10 compliance, accept the plan for meeting compliance, place on probation, suspend or
11 revoke the Advanced EMT training program approval.

12 (4) If the Advanced EMT training program approving authority decides to suspend or
13 revoke the Advanced EMT training program approval, the notification specified in
14 subsection (a)(3) of this section shall include the beginning and ending dates of the
15 probation or suspension and the terms and conditions for lifting of the probation or
16 suspension or the effective date of the revocation, which may not be less than sixty
17 (60) calendar days from the date of the Advanced EMT training program approving
18 authority's letter of decision to the Authority and the Advanced EMT training program.

19 NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

20 Reference: Sections 1797.82, 1797.171, and 1797.208, Health and Safety Code.

21 **§ 100118. Advanced EMT Student Eligibility.**

22 (a) To be eligible to enter an Advanced EMT ~~EMT-II~~ training program, an individual shall
23 meet the following requirements:

(1) No Change

~~(2) Possess a current EMT-IA certificate in the State of California or have possessed a valid EMT-IA certificate within the past twelve (12) months; and~~

~~(3) Possess a current Basic Cardiac Life Support (CPR) card according to the American Heart Association 2005 Guidelines 2005 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the healthcare provider level standards of the American Heart Association or American Red Cross or have possessed a valid CPR card, within the past twelve (12) months; and~~

~~(4) Have had at least one (1) year of patient field care experience as a certified EMT-I in the preceding two (2) years.~~

~~(b) The EMT-II Approving Authority, in consultation with the EMT-II training program, may also require that individual to demonstrate EMT-I skills and knowledge by satisfactory completion of a written and competency-based skills examination in order to be eligible to enter an EMT-II training program.~~

~~(c) EMT-II training programs which include the twenty-four (24) hour ambulance module and required testing as specified in Chapter 2 of this Division, may allow an individual to enter their training program who:~~

~~(1) Possesses a current EMT-INA certificate in the State of California or has possessed a valid EMT-INA certificate in the State of California within the past twelve (12) months; and~~

~~(2) meets the requirements of subsections (a) (1), (a) (3) and (a) (4) of this section.~~

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.82, 1797.171 and 1797.208, Health and Safety Code.

1 **§ 100119. Advanced EMT Training Program Required Course Hours.**

2 (a) The ~~total~~ Advanced EMT-II training program shall consist of not less than ~~306~~

3 eighty-eight (88) hours. These training hours ~~will~~ shall be divided into:

4 (1) A minimum of ~~240~~ forty-eight (48) hours of didactic instruction and skills laboratory;

5 (2) The hospital clinical training shall consist of no less than sixteen (16) hours and field

6 internship shall consist of no less than twenty-four (24) hours ~~combined shall equal a~~

7 ~~total of at least 96 hours. Authorization may be given for the utilization of skills in the~~

8 ~~field on a modular basis. Any hospital clinical or field internship experience specific to~~

9 ~~that module that is obtained following field authorization may be counted as part of the~~

10 ~~total hospital clinical and field internship hours.~~

11 (b) The trainee shall have a minimum of ~~twenty~~ ten (10) ~~(20)~~ ALS patient contacts, as

12 defined, during the combined hospital clinical training and field internship. An ALS

13 patient contact shall be defined as the student performance, by the trainee, of one or

14 more of the following skills on a patient; administration of intravenous fluids and/or

15 medications specified in Section 100106(b) of this Chapter, ~~pneumatic antishock trouser~~

16 ~~inflation, esophageal obturator~~ perilaryngeal airway adjunct insertion, insertion of

17 intravenous lines to administer isotonic balanced salt solution on patients exhibiting

18 signs of shock, defibrillation of a patient in ventricular fibrillation, ~~cardioversion of an~~

19 ~~unconscious patient in ventricular tachycardia.~~ The ~~twenty (20)~~ ten (10) ALS patient

20 contacts shall be distributed among these skills. Each ALS patient contact by an

21 Advanced EMT ~~EMT-II~~ student shall be documented in writing on a standard form and

22 shall be signed by the training program medical director as verification of the fact that

the ALS contact met the criteria set forth in this section. ~~Of these twenty (20) ALS patient contacts, at least five (5) must be obtained during the field internship.~~

(c) The trainee shall demonstrate competency, as specified in the Advanced EMT Model Curriculum (EMSA #133, June 2008) in the following skills:

(1) Intravenous access.

(2) Perilaryngeal airway adjunct.

(3) Medication administration by the following routes:

(A) Inhaled route.

(B) Intramuscular route.

(C) Intravenous route.

(D) Sublingual route.

(E) Subcutaneous route.

(F) Oral route.

(d) During the field internship, the student shall demonstrate competency as the team leader while on-scene delivering patient care at least five (5) times.

(e) Competency and success in the skills listed in subsections (c) and (d) of this section shall be evaluated and documented on student evaluation forms included in the Advanced EMT Model Curriculum (EMSA #133, June 2008) by either the clinical or field preceptor.

(f) The minimum hours shall not include the following:

(1) Course material designed to teach or test exclusively EMT-I knowledge or skills including CPR.

(2) No Change.

(3) No Change.

(4) Examination for Advanced EMT ~~EMT-II~~ certification.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Section 1797.82, 1797.171, Health and Safety Code.

§ 100120. Advanced EMT Training Program Required Course Content

(a) The content of an Advanced EMT-II course shall include instruction adequate to result in the Advanced EMT-II trainee being proficient in the ~~following~~ topics and skills ~~listed in the modules below~~ contained in the Advanced EMT Model Curriculum, (EMSA #133, June 2008). The Advanced EMT Model Curriculum is hereby incorporated by reference.

~~Course content emphasis shall be on those topics and skills related to advanced life support. Training programs are not required to teach these topics and skills in the modular format or order indicated. However, field internship may be done on a modular basis.~~

~~MODULE I: EMT-II~~

~~(1) Role and responsibilities of the EMT-II.~~

~~(2) Emergency medical services system components, including:~~

~~(A) Recognition and access;~~

~~(B) initiation of the emergency medical services response;~~

~~(C) management at the scene;~~

~~(D) health professional(s) at the scene;~~

~~(E) transportation of emergency personnel, equipment, and the patient;~~

~~(F) overview of hospital categorization and designation;~~

- 1 ~~(G) communications overview;~~
- 2 ~~(H) record keeping and evaluation;~~
- 3 ~~(I) multi-casualty incidents and disasters; and~~
- 4 ~~(J) state and local EMS system management.~~
- 5 ~~(3) Laws governing the EMT-II, including:~~
- 6 ~~(A) Medical practice acts affecting EMT-II;~~
- 7 ~~(B) comparison of EMT-I, EMT-II and EMT-P in California;~~
- 8 ~~(C) Good Samaritan laws;~~
- 9 ~~(D) duty to act;~~
- 10 ~~(E) consent implied and informed;~~
- 11 ~~(F) abandonment;~~
- 12 ~~(G) child abuse, elder abuse, or other laws that require reporting;~~
- 13 ~~(H) legal detention;~~
- 14 ~~(I) medical direction;~~
- 15 ~~(J) written medical records; and~~
- 16 ~~(K) local policies and procedures.~~
- 17 ~~(4) Issues concerning the health professional, including:~~
- 18 ~~(A) Medical ethics;~~
- 19 ~~(B) safeguards against communicable diseases;~~
- 20 ~~(C) death and dying; and~~
- 21 ~~(D) special procedures utilized for victims of suspected criminal acts, including~~
- 22 ~~preservation of~~
- 23 ~~evidence if appropriate.~~

- 1 ~~(b) MODULE II: HUMAN SYSTEMS AND PATIENT ASSESSMENT~~
- 2 ~~(1) Medical terminology including anatomical terms for the EMT-II~~
- 3 ~~(2) Human systems – basics of anatomy and physiology, including:~~
- 4 ~~(A) The cell – basic structure and function;~~
- 5 ~~(B) tissues;~~
- 6 ~~(C) homeostasis;~~
- 7 ~~(D) the skeleton;~~
- 8 ~~(E) muscles;~~
- 9 ~~(F) body cavities;~~
- 10 ~~(G) circulatory system;~~
- 11 ~~(H) respiratory system;~~
- 12 ~~(I) digestive system;~~
- 13 ~~(J) genitourinary system;~~
- 14 ~~(K) nervous system; and~~
- 15 ~~(L) surface anatomy.~~
- 16 ~~(3) Patient assessment for the EMT-II, including:~~
- 17 ~~(A) Approach to patient assessment;~~
- 18 ~~(B) the patient history, including scene assessment;~~
- 19 ~~(C) physical examination;~~
- 20 ~~(D) prioritization of assessment and management;~~
- 21 ~~(E) reporting format for presenting patient information; and~~
- 22 ~~(F) triage.~~
- 23 ~~(c) MODULE III: SHOCK AND FLUID THERAPY~~

- 1 ~~(1) Fluids and electrolytes, including the basics of:~~
- 2 ~~(A) Body fluids and their distribution; and~~
- 3 ~~(B) electrolytes.~~
- 4 ~~(2) Blood and its composition.~~
- 5 ~~(3) Intravenous solutions available to the EMT-II~~
- 6 ~~(4) Pathophysiology, specific patient assessment, associated complications, and the~~
- 7 ~~prehospital~~
- 8 ~~management of shock, including:~~
- 9 ~~(A) Hypovolemic shock;~~
- 10 ~~(B) cardiogenic shock;~~
- 11 ~~(C) distributive shock; and~~
- 12 ~~(D) obstructive shock.~~
- 13 ~~(5) Management skills, including:~~
- 14 ~~(A) Sterile techniques with IV tubing, bottle, and bag;~~
- 15 ~~(B) peripheral intravenous catheter insertion;~~
- 16 ~~(C) withdrawal of blood samples by venipuncture; and~~
- 17 ~~(D) indications, contraindications, associated complications, and use of pneumatic~~
- 18 ~~shock trousers.~~
- 19 ~~(e) MODULE IV: GENERAL PHARMACOLOGY~~
- 20 ~~(1) Terminology~~
- 21 ~~(2) Weights and measures, including;~~
- 22 ~~(A) Review of the units and usage of the metric system; and~~
- 23 ~~(B) computing drug dosages.~~

~~(3) Actions, indications, contraindications, dosages, use, interactions, side effects, and complications~~

~~of the drugs specified in Section 100106(b)(6) of this Chapter.~~

~~(4) Administration skills, including:~~

~~(A) Preparation of medications;~~

~~(B) oral administration;~~

~~(C) use of pre-filled syringes;~~

~~(D) subcutaneous injections;~~

~~(E) intramuscular injections;~~

~~(F) administration of drugs through IV tubing medication port; and~~

~~(G) addition of drugs to IV bottle, bag, or volutrol and rate of infusion.~~

~~(e) MODULE V: RESPIRATORY SYSTEM~~

~~(1) Anatomy and physiology, including:~~

~~(A) Composition of gases in the environment;~~

~~(B) exchange of gases in the lung;~~

~~(C) regulation of respiration and~~

~~(D) respiration patterns.~~

~~(2) Pathophysiology, specific patient assessment, associated complications, and the prehospital~~

~~management of hypoventilation and other respiratory problems, including:~~

~~(A) Dysfunction of spinal cord;~~

~~(B) upper and lower airway obstruction;~~

~~(C) chest trauma including:~~

- 1 ~~1. mechanism of injury;~~
- 2 ~~2. damage to great vessels and heart;~~
- 3 ~~3. flail chest; and~~
- 4 ~~4. pneumothorax, hemopneumothorax, and tension pneumothorax.~~
- 5 ~~(D) spontaneous pneumothorax;~~
- 6 ~~(E) asthma and chronic obstructive pulmonary disease;~~
- 7 ~~(F) near drowning;~~
- 8 ~~(G) toxic inhalations;~~
- 9 ~~(H) acute pulmonary edema – cardiac and noncardiac;~~
- 10 ~~(I) pulmonary embolism; and~~
- 11 ~~(J) hyperventilation syndrome.~~
- 12 ~~(3) Management skills, including:~~
- 13 ~~(A) Chest auscultation;~~
- 14 ~~(B) oxygen administration and devices;~~
- 15 ~~(C) ventilatory techniques and devices;~~
- 16 ~~(D) suctioning and portable suctioning devices; and~~
- 17 ~~(E) esophageal intubation with esophageal airways; and~~
- 18 ~~(F) basic airway adjunctive devices, including:~~
- 19 ~~1. nasopharyngeal airways;~~
- 20 ~~2. oropharyngeal airways;~~
- 21 ~~(f) MODULE VI: CARDIOVASCULAR SYSTEM~~
- 22 ~~(1) Anatomy and physiology, including:~~
- 23 ~~(A) Cardiac cycle;~~

- 1 ~~(B) Cardiac output and blood pressure;~~
- 2 ~~(C) nervous system control;~~
- 3 ~~(D) electromechanical system of the heart; and~~
- 4 ~~(E) cardiac conduction system.~~
- 5 ~~(2) Reading and understanding of a normal EKG rhythm strip, including:~~
- 6 ~~(A) Electrophysiology;~~
- 7 ~~(B) components of the EKG record;~~
- 8 ~~(C) reading of an EKG rhythm strip; and~~
- 9 ~~(D) identification of normal sinus rhythm.~~
- 10 ~~(3) Pathophysiology, specific patient assessment, associated complications, and the~~
- 11 ~~prehospital~~
- 12 ~~management of cardiovascular problems, including:~~
- 13 ~~(A) Coronary artery disease and angina;~~
- 14 ~~(B) acute myocardial infarction;~~
- 15 ~~(C) congestive heart failure;~~
- 16 ~~(D) cardiogenic shock;~~
- 17 ~~(E) syncope;~~
- 18 ~~(F) cardiac arrest;~~
- 19 ~~(G) hypertensive emergencies; and~~
- 20 ~~(H) aortic aneurysm dissection and rupture.~~
- 21 ~~(4) Dysrhythmia recognition and prehospital management, including treatment~~
- 22 ~~protocols, for the~~
- 23 ~~following:~~

- 1 ~~(A) Sinus bradycardia with hypotension;~~
- 2 ~~(B) third-degree heart block;~~
- 3 ~~(C) premature ventricular contractions;~~
- 4 ~~(D) ventricular tachycardia;~~
- 5 ~~(E) ventricular fibrillation;~~
- 6 ~~(F) cardiac standstill (asystole); and~~
- 7 ~~(G) electromechanical dissociation.~~
- 8 ~~(5) Familiarity with these additional dysrhythmia will be included:~~
- 9 ~~(A) Sinus tachycardia;~~
- 10 ~~(B) premature atrial contractions;~~
- 11 ~~(C) atrial flutter;~~
- 12 ~~(D) atrial fibrillation;~~
- 13 ~~(E) supraventricular tachycardia;~~
- 14 ~~(F) first-degree heart block;~~
- 15 ~~(G) second-degree heart block (Mobitz Type I and Type II);~~
- 16 ~~(H) idioventricular rhythm;~~
- 17 ~~(I) pacemaker rhythms; and~~
- 18 ~~(J) artifact.~~
- 19 ~~(6) Management skills, including:~~
- 20 ~~(A) Application of monitoring electrodes;~~
- 21 ~~(B) defibrillation;~~
- 22 ~~(C) synchronized cardioversion;~~
- 23 ~~(D) cardiopulmonary resuscitation; and~~

~~(E) complicated resuscitation situations similar to the mega code used in the American Heart Association's Advanced Cardiac Life Support (ACLS) course but modified for field situations and EMT-II scope of practice.~~

~~(g) MODULE VII: CENTRAL NERVOUS SYSTEM~~

~~(1) Anatomy and physiology, including brain and spinal cord.~~

~~(2) Pathophysiology, specific patient assessment, associated complications, and the prehospital management of central nervous system problems, including:~~

~~(A) head and spinal cord trauma including mechanism of injury; and~~

~~(B) altered levels of consciousness.~~

~~(3) Management skills, including:~~

~~(A) Cervical immobilization;~~

~~(B) spinal immobilization;~~

~~(C) management of head injuries; and~~

~~(D) management of altered levels of consciousness.~~

~~(h) MODULE VIII: SOFT TISSUE INJURIES (OMITTED)~~

~~(i) MODULE IX: MUSCULOSKELETAL SYSTEM (OMITTED)~~

~~(j) MODULE X: MEDICAL EMERGENCIES~~

~~Pathophysiology, specific patient assessment, associated complications and the prehospital management of medical emergencies, including:~~

~~(A) Diabetic emergencies, including diabetic ketoacidosis and hypoglycemic reactions;~~

~~(B) allergic reactions;~~

~~(C) alcohol and drug abuse;~~

~~(D) poisonings and drug overdose, including protocols for specific substances;~~

- 1 ~~(E) environmental emergencies, including:~~
- 2 ~~1. thermal environment and temperature regulation;~~
- 3 ~~2. heat exposure;~~
- 4 ~~3. cold exposure;~~
- 5 ~~4. burns;~~
- 6 ~~5. hazardous materials exposure, precautions, and management;~~
- 7 ~~6. lightning and other electrical injuries; and~~
- 8 ~~7. poisonous and nonpoisonous bites and stings.~~
- 9 ~~(F) nontraumatic acute abdomen including massive gastrointestinal bleeding;~~
- 10 ~~(G) communicable animal and vector borne diseases including special precautions;~~
- 11 ~~(H) basic understanding of genitourinary problems; and~~
- 12 ~~(I) special considerations for the geriatric patient.~~
- 13 ~~(K) MODULE XI: OBSTETRIC AND GYNECOLOGIC EMERGENCIES~~
- 14 ~~(1) Anatomy and physiology~~
- 15 ~~(2) Pathophysiology, specific patient assessment, associated complications, and the~~
- 16 ~~prehospital management of obstetric and gynecologic emergencies, including:~~
- 17 ~~(A) Vaginal bleeding;~~
- 18 ~~(B) sexual assault to include provision of emotional support and preservation of~~
- 19 ~~evidence;~~
- 20 ~~(C) ruptured ectopic pregnancy;~~
- 21 ~~(D) supine hypotension syndrome;~~
- 22 ~~(E) toxemia of pregnancy;~~
- 23 ~~(F) placenta previa;~~

- 1 ~~(G) abruptio placenta;~~
- 2 ~~(H) the stages of labor and normal delivery;~~
- 3 ~~(I) abnormal fetal presentation; and~~
- 4 ~~(J) prolapsed cord.~~
- 5 ~~(3) Pathophysiology, specific patient assessment, associated complications, and the~~
- 6 ~~prehospital management of the neonate, including:~~
- 7 ~~(A) Temperature regulation;~~
- 8 ~~(B) resuscitation; and~~
- 9 ~~(C) assessment of the newborn.~~
- 10 ~~(4) Management skills, including:~~
- 11 ~~(A) Assisting with normal and abnormal deliveries; and~~
- 12 ~~(B) neonatal resuscitations.~~
- 13 **(I) MODULE XII: PEDIATRICS**
- 14 ~~(1) Anatomy and physiology, including growth and development in relationship to illness~~
- 15 ~~and injury;~~
- 16 ~~(2) Special considerations to include:~~
- 17 ~~Approach to the pediatric patient; and~~
- 18 ~~(B) approach to parents.~~
- 19 ~~(3) Signs, symptoms, basic pathophysiology, specific patient assessment, associated~~
- 20 ~~complications, and~~
- 21 ~~the prehospital management of emergencies especially related to the pediatric age~~
- 22 ~~group, including:~~
- 23 ~~(A) Supraglottitis (epiglottitis)~~

- 1 ~~(B) foreign body aspiration;~~
- 2 ~~(C) tracheobronchitis (croup);~~
- 3 ~~(D) near drowning;~~
- 4 ~~(E) sudden infant death syndrome;~~
- 5 ~~(F) child abuse/neglect, sexual abuse, including preservation of evidence;~~
- 6 ~~(G) cardiopulmonary arrest;~~
- 7 ~~(H) seizures in the pediatric age group; and~~
- 8 ~~(I) meningitis.~~
- 9 ~~(4) Management skills, including:~~
- 10 ~~(A) CPR in infants and children;~~
- 11 ~~(B) airway adjuncts utilized for neonates, infants and children;~~
- 12 ~~(C) cooling measures; and~~
- 13 ~~(D) intravenous techniques utilized for neonates, infants and children.~~
- 14 ~~(m) MODULE XIII: PSYCHIATRIC EMERGENCIES AND EMOTIONAL CRISIS~~
- 15 ~~(1) Psychological response to illness, injury, death and dying, by:~~
- 16 ~~(A) Patients;~~
- 17 ~~(B) family;~~
- 18 ~~(C) friends;~~
- 19 ~~(D) bystanders;~~
- 20 ~~(E) EMT-II; and~~
- 21 ~~(F) other responders.~~
- 22 ~~(2) Management of patients who are a danger to themselves and/or others, including~~
- 23 ~~restraining techniques and precautions.~~

~~(n) MODULE XIV: EXTRICATION AND RESCUE.~~

~~(1) Multicasualty incident management including triage.~~

~~(2) Disasters, including:~~

~~(A) Medical management;~~

~~(B) triage;~~

~~(C) integration of the EMT-II into disaster response; and~~

~~(D) local policies and protocols.~~

~~(3) Hazardous materials management.~~

~~(o) MODULE XV: TELECOMMUNICATIONS~~

~~(1) Basics of an EMS communication system.~~

~~(2) Communication regulations and procedures, including:~~

~~(A) Communication policies and procedures; and~~

~~(B) radio use and reporting skills.~~

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Section 1797.82, and 1797.171, Health and Safety Code.

§ 100121. Advanced EMT Training Program Required Testing.

(a) Each component of an approved Advanced EMT EMT-II training program shall

include periodic examinations and final comprehensive competency-based

examinations to test the knowledge and skills specified in this Chapter. ~~The final~~

~~examination shall be a comprehensive examination to test the ability of the individual to~~

~~assess and manage those conditions listed in Section 100120 of this Chapter. The final~~

~~examination shall include a written component to test curriculum knowledge and a skills~~

~~component for proficiency demonstration. Satisfactory performance in these written and~~

1 skills examinations shall be demonstrated for successful completion of the course.

2 Satisfactory performance shall be determined by pre-established standards, developed
3 and/or approved by the Advanced EMT EMT-II Approving Authority pursuant to
4 Sections 100107 and 100113 of this Chapter. ~~, in these written and skills examinations~~
5 ~~shall be demonstrated for successful completion of the training program.~~

6 ~~(b) Knowledge and skills proficiency shall be demonstrated in at least the following~~
7 ~~areas in order to successfully complete the training program:~~

8 ~~(1) Knowledge of the pathophysiology, specific patient assessment, associated~~
9 ~~complications, and prehospital management of:~~

10 ~~(A) Shock;~~

11 ~~(B) respiratory emergencies;~~

12 ~~(C) cardiovascular emergencies;~~

13 ~~(D) central nervous system emergencies;~~

14 ~~(E) obstetric and gynecologic emergencies;~~

15 ~~(F) pediatric emergencies; and~~

16 ~~(G) medical emergencies.~~

17 ~~(2) Knowledge of:~~

18 ~~(A) General pharmacology;~~

19 ~~(B) medical-legal aspects related to EMT-II services; and~~

20 ~~(C) multicasualty and disaster situations.~~

21 ~~(3) Knowledge and skills proficiency in:~~

22 ~~(A) Patient assessment, including chest auscultation;~~

23 ~~(B) peripheral intravenous insertion;~~

1 ~~(C) indications, contraindications, associated complications, and use of pneumatic~~

2 ~~antishock trousers;~~

3 ~~(D) administration of medication;~~

4 ~~(E) esophageal intubation with esophageal airways;~~

5 ~~(F) cardiac monitoring and dysrhythmia recognition;~~

6 ~~(G) defibrillation/cardioversion;~~

7 ~~(H) telecommunications;~~

8 ~~(I) basic life support of neonates, infants, children, and adults (basic CPR cards may be~~

9 ~~used as proof of competency); and~~

10 ~~(J) EMT-I skills including but not limited to spinal immobilization and traction splinting;~~

11 ~~(K) complicated resuscitation situations similar to the mega code used in American~~

12 ~~Heart Association ACLS courses but modified for field situation and EMT-II scope of~~

13 ~~practice; and~~

14 ~~(L) local policies, procedures, and treatment protocols.~~

15 (e b) The Advanced EMT ~~EMT-II~~ Certifying Entity Authority may provide the final

16 examination and skills tests and designate such tests as the measure of competency for

17 certification.

18 NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

19 Reference: Sections 1797.63, 1797.82, 1797.171, 1797.208 and 1797.210, Health and

20 Safety Code.

21 **§ 100122. Advanced EMT Training Program Course Completion Record.**

(a) An approved Advanced EMT ~~EMT-II~~ training program shall issue a course completion record to each person who has successfully completed the Advanced EMT ~~EMT-II~~ training program.

(b) The course completion record shall contain the following:

(1) No Change.

(2) The date of course completion.

(3) The type of course completed (i.e., Advanced EMT) and the number of hours completed.

~~(3 4)~~ The following statement from an approved Advanced EMT training program: "The individual named on this record has successfully completed an approved Advanced EMT course", "The individual named on this record has successfully completed an approved EMT-II training program to indicate the appropriate type of course completed.

~~(4 5)~~ The name of the ~~EMT-II~~ Approving Authority.

~~(5 6)~~ No Change.

~~(6 7)~~ No Change .

~~(7 8)~~ The following statement in bold print: **"This is not an Advanced EMT ~~EMT-II~~ certificate."**

~~(8 9)~~ The following statement: "This course completion record is valid to apply for certification for a maximum of two (2) years from the course completion date and shall be recognized statewide."

(c) The name and address of each person receiving a course completion record and the date on which the record was issued shall be reported in writing to the appropriate

Advanced EMT EMT-II Certifying Entity Authority for the county in which the training
was given within thirty (30) fifteen (15) working days of course completion.

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.82, 1797.171, 1797.208 and 1797.210, Health and Safety
Code.

Article 4. Certification

§ 100123. Advanced EMT Initial Certification Requirements.

(a) In order to be eligible for initial certification an individual shall:

(1) Possess a current EMT-IA certificate issued in the State of California ~~or have~~
~~possessed a valid EMT-IA certificate within the last twelve (12) months.~~

(2) Have an Advanced EMT EMT-II course completion record or other documented
proof of successful completion of the topics contained in an approved Advanced EMT
EMT-II training program.

(3) Pass, by preestablished standards developed and/or approved by the Advanced
EMT EMT-II Certifying Entity Authority pursuant to this section and Section 100107 of
this Chapter, a competency-based written and skills certifying examination which tests
the ability to assess and manage the conditions listed in Section 100120 of this Chapter,
approved by the Advanced EMT EMT-II Certifying Entity Authority.

(4) Beginning July 1, 2010, complete the criminal history background check specified in
Chapter 10 of this Division.

~~(4) Be eighteen (18) years of age or older.~~

~~(5) Comply with other reasonable requirements, as may be established by the local~~
~~EMT-II Certifying Authority, such as:~~

1 ~~(A) Completion of an application form.~~

2 (B 5) Complete an application form that contains this statement, "I hereby certify **under**
3 **penalty of perjury** that all information on this application is true and correct to the best
4 of my knowledge and belief, and I understand that any falsification or omission of
5 material facts may cause forfeiture on my part of all rights to Advanced EMT certification
6 in the state of California. I understand all information on this application is subject to
7 verification, and I hereby give my express permission for this certifying entity to contact
8 any person or agency for information related to my role and function as an Advanced
9 EMT in California." ~~Completion of a statement that the individual is not precluded from~~
10 ~~certification for reasons defined in Section 1798.200 of the Health and Safety Code.~~

11 (6) Disclose any certification or licensure action against an EMT, Advanced EMT
12 certificate or a Paramedic license or any denial of certification by a LEMSA or in the
13 case of paramedic licensure a denial by the Authority.

14 ~~(E 7)~~ Provide proof of affiliation with an approved Advanced EMT and/or EMT-II service
15 provider.

16 ~~(F 8)~~ No Change.

17 (9) Complete the additional training specified in Section 100106.1 if applicable, of this
18 Chapter.

19 (10) Furnish a current full face photograph, that is passport compliant, for identification
20 purposes.

21 (A) This photograph shall not be considered a public record and shall only be
22 disseminated pursuant to search warrant or lawfully issued subpoena.

(b) An individual who possesses a current California Advanced EMT ~~EMT-II or EMT-P~~ certificate ~~or has possessed a valid EMT-II or EMT-P certificate~~ in one or more counties in California, shall be eligible for certification upon fulfilling the requirements of subsections (a)(2), (a)(3), (a)(4), ~~and (a)(5)~~, (a)(6), (a)(7), (a)(8), and (a)(9) of this section and meets the following requirements.

(1) No Change.

(2) Successfully completes training and demonstrates competency in any additional prehospital emergency medical care treatment practice(s) required by the local

Advanced EMT ~~EMT-II~~ Certifying Entity Authority pursuant to subsection 100106 ~~(b)~~ ~~(40)~~ of this Chapter.

~~(c) An individual who possesses a current EMT-Intermediate or EMT-P certificate, or who has possesses a valid EMT-Intermediate or an EMT-P certificate from another state, may be eligible for certification when that individual fulfills the requirements of subsections (a)(2), (a)(3), (a) (4) and (a)(5) of this section and meets the following requirements:~~

~~(1) Provide satisfactory evidence that his/her EMT-Intermediate or EMT-P training included in the required course content as specified in Section 100120 of this Chapter. If the individual's training did not include the required course content as specified in Section 100120 of this Chapter, then the individual shall successfully complete training in those topics and skills required to bring an individual to the level of competence required to certification as an EMT-II in California.~~

~~(2) Successfully completes training and demonstrates competency in any additional prehospital emergency medical care practice(s) required by the EMT-II Certifying~~

~~Authority pursuant to subsection 100106(b)(10) of this Chapter.~~ An individual currently licensed in California as a Paramedic is deemed to be certified as an Advanced EMT, except when the Paramedic license is under suspension, with no further testing required. In the case of a Paramedic license under suspension, the Paramedic shall apply to a LEMSA for Advanced EMT certification.

(d) In order for an individual, whose National Registry EMT-Intermediate, or out-of-state EMT-Intermediate certification or Paramedic license/certification has lapsed, to be eligible for certification in California as an Advanced EMT the individual shall:

(1) For a lapse of less than six (6) months, the individual shall comply with the requirements contained in Section 100124 (b), (c), (d), (e), (f), (g), and (h) of this Chapter.

(2) For a lapse of six (6) months or more, but less than twelve (12) months, the individual shall comply with the requirements of Section 100125 (a) (2) of this Chapter.

(3) For a lapse of twelve (12) months or more, but less than twenty-four (24) months, the individual shall comply with the requirements of Section 100125 (a) (3) of this Chapter.

(4) For a lapse of twenty-four (24) months or more, the individual shall complete an entire Advanced EMT course and comply with the requirements of subsection (a) of this Section.

~~(e) The certifying examination shall include, but not be limited to, knowledge proficiency in the areas specified in Section 100121(b) of this Chapter and skills proficiency as defined by the local EMS Agency.~~ An individual who possesses a current and valid out-of-state or National Registry EMT-Intermediate certification or Paramedic

1 license/certification shall be eligible for certification upon fulfilling the requirements of
2 subsections (a)(3), (a)(4), (a)(5), (a)(6), (a)(7), (a)(8), and (a)(9) of this section.

3 ~~(d f)~~ A ~~P~~hysician, ~~R~~egistered ~~N~~urse, or a ~~P~~hysician ~~A~~ssistant currently licensed
4 by the State of California shall be eligible for participation in the prehospital emergency
5 ~~medical care system as an~~ Advanced EMT certification upon: passing, by
6 ~~preestablished standards developed and/or approved by the EMT-II Certifying Authority~~
7 ~~pursuant to Section 100107 of this Chapter, a competency-based written and skills~~
8 ~~examination that tests knowledge and proficiency in the areas specified in Section~~
9 ~~100121 of this Chapter and skills defined by the local EMS Agency. The individual shall~~
10 ~~also fulfill the requirements of subsection (a)(5) of this section.~~

11 (1) providing documentation of instruction in topics and skills equivalent to those listed
12 in Section 100120.

13 (2) Successfully complete five (5) documented ALS contacts in a prehospital field
14 internship as specified in Section 100119 (b).

15 (3) Fulfilling the requirements of Subsections (a)(3), (a) (4), (a) (5), (a)(6), (a)(7), (a)(8),
16 and (a)(9) of this Section.

17 ~~(f g)~~ Each Advanced EMT ~~Certifying Authority~~ Entity shall provide for adequate
18 certification tests to accommodate the eligible individuals requesting certification within
19 their area of jurisdiction, but in no case less than once per year, unless otherwise
20 specified by their Advanced EMT Approving Authority.

21 ~~(g h)~~ The Advanced EMT ~~Certifying Authority~~ Entity may waive portions of, or all of, the
22 certifying examination for individuals who are currently certified as Advanced EMT ~~or~~
23 ~~EMT-P~~ in a California county. In such situations, the Advanced EMT ~~Certifying Authority~~

1 Entity shall issue a certificate, which shall have as its expiration date, a date not to
2 exceed the expiration date on the individual's current certificate.

3 (i) An individual currently accredited by a California LEMSA in the EMT Optional Skills
4 contained in Section 100064 of Chapter 2 of this Division may be given credit for
5 training and experience for those topics and scope of practice items contained in
6 Section 100106 of this Chapter. The LEMSA shall evaluate prior training and
7 competence in the EMT Optional Skills and determine what, if any, supplemental
8 training and certification testing is required for an individual to be certified as an
9 Advanced EMT. This provision will sunset twelve (12) months after this Chapter
10 becomes effective.

11 ~~(h j)~~ The Advanced EMT EMT-II Certifying Authority Entity shall issue a wallet-sized
12 certificate card to eligible individuals, using the single Authority approved wallet-sized
13 certificate card format. ~~who apply for certification and successfully complete the~~
14 ~~certification requirements.~~ The wallet-sized certificate card shall contain the information
15 contained in Section 1000644(c) of this Division following:

16 ~~(1) The name of the individual certified.~~

17 ~~(2) The certification number.~~

18 ~~(3) The date the certificate was issued.~~

19 ~~(4) The date of expiration.~~

20 ~~(5) The name and location of the EMT-II Certifying Authority.~~

21 ~~(6) The name and signature of the individual authorized to certify, or facsimile of the~~
22 ~~same.~~

~~(7) A statement that the individual named on the card has fulfilled the State of California requirements for certification as an EMT-II and is certified in the county or counties named on this certificate.~~

(l k) All California issued EMT, Advanced EMT, and EMT-II wallet-sized certificate cards shall be printed by the certifying entity using the central registry criteria, pursuant to Chapter 10 of this Division. Upon the written request of a certifying entity, the Authority shall print and issue EMT, Advanced EMT, or EMT-II wallet-sized certificate card for the certifying entity.

(l) The effective date of certification, as used in this Chapter, shall be the date the individual satisfactorily completes all certification requirements and has applied for certification. Certification as an Advanced EMT EMT-II shall be valid for a maximum of two (2) years from the effective date of certification. The effective date of certification, as used in this Chapter, shall be the date of successful passage of the EMT-II certifying examination and completion of all certification requirements. The certification expiration date shall be the final day of the month of the two-year (2) period.

(j m) An individual currently certified as an Advanced EMT EMT-II by the provisions of this section is deemed to be certified as an EMT-IA with no further testing required.

NOTE: Authority cited: Sections 1797.107, 1797.171 and 1797.175, Health and Safety Code. Reference: Sections 1797.61, 1797.82, 1797.118, 1797.171, 1797.175, 1797.177, and 1797.184, 1797.210, and 1797.212, Health and Safety Code.

§ 100124. Continuing Education. Advanced EMT Recertification

1 In order to recertify ~~maintain certification~~, an Advanced EMT ~~EMT-II~~ shall ~~participate in~~
2 ~~continuing education as required by the policies of the local EMS Agency. Continuing~~
3 ~~education for each EMT-II shall include but not be limited to participation in:~~

4 (a) ~~An organized field care audit of recorded or written patient care records no less than~~
5 ~~six (6) times per year in accordance with policies established by the local EMS Agency.~~

6 Possess a current Advanced EMT Certification issued in California.

7 (b) ~~Periodic training sessions or structured clinical experience or a combination thereof~~
8 ~~in EMT-I (basic) and EMT-II (limited advanced) life support knowledge and skills,~~

9 ~~including CPR and required field care audits, totaling no less than forty-eight (48) hours~~
10 ~~every two (2) years. Obtain at least thirty-six (36) hours of continuing education hours~~

11 (CEH) from an approved continuing education (CE) provider in accordance with the
12 provisions contained in the Prehospital Continuing Education Chapter, Chapter 11 of
13 this Division.

14 (c) ~~A monthly demonstration of selected skills proficiency documented by the hospital to~~
15 ~~which the EMT-II is assigned. The following skills shall be demonstrated on a regular~~

16 ~~basis: Complete an application form that contains this statement, "I hereby certify~~
17 **under penalty of perjury** that all information on this application is true and correct to
18 the best of my knowledge and belief, and I understand that any falsification or omission
19 of material facts may cause forfeiture on my part of all rights to Advanced EMT

20 certification in the state of California. I understand all information on this application is
21 subject to verification, and I hereby give my express permission for this certifying entity
22 to contact any person or agency for information related to my role and function as an
23 Advanced EMT in California.

- 1 ~~(1) Patient assessment, communications, and reporting techniques;~~
- 2 ~~(2) use of the esophageal airway;~~
- 3 ~~(3) intravenous infusion technique;~~
- 4 ~~(4) preparation and administration of the drugs in the EMT-II formulary;~~
- 5 ~~(5) the application of pneumatic antishock trousers including understanding of the~~
- 6 ~~principles of removal of pneumatic antishock trousers;~~
- 7 ~~(6) cardiac dysrhythmia recognition and interpretation;~~
- 8 ~~(7) cardiac defibrillation and cardioversion; and~~
- 9 ~~(8) review of selected basic life support procedures.~~
- 10 (d) Disclose any certification or licensure action against an EMT, Advanced EMT, EMT-
- 11 II certificate or a Paramedic license or any denial of certification by a LEMSA or in the
- 12 case of Paramedic licensure, a denial by the Authority. The monthly demonstration of
- 13 skills may be reduced to a quarterly demonstration of skills if the EMT-II has:
- 14 ~~(1) Two (2) complete years of experience as an EMT-II;~~
- 15 ~~(2) eighty (80) ALS runs;~~
- 16 ~~(3) a positive recommendation from the assigned EMT-II base hospital medical director;~~
- 17 ~~(4) a positive recommendation from the employer EMT-II service provider~~
- 18 ~~(5) approval of the medical director of the local EMS Agency.~~
- 19 (e) Starting July 1, 2010, complete the criminal history background check specified in
- 20 Chapter 10 of this Division.
- 21 ~~The monthly demonstration of skills may be reduced to a quarterly demonstration of~~
- 22 ~~skills if the EMT-II has:~~

(f) Furnish a current full face photograph that is U.S. passport compliant for identification purposes.

(1) This photograph shall not be considered a public record and shall only be disseminated pursuant to search warrant or lawfully issued subpoena.

~~(1) Two (2) complete years of experience as an EMT-II;~~

~~(2) eighty (80) ALS runs;~~

~~(3) a positive recommendation from the assigned EMT-II base hospital medical director;~~

~~(4) a positive recommendation from the employer EMT-II service provider~~

(g) Submit a completed skills competency verification form, EMSA-AEMT SCVF

(01/07) incorporated herein by reference. Skills competency shall be verified by direct

observation of an actual or simulated patient contact. Skills competency shall be

verified by an individual who is currently certified or licensed as an Advanced EMT,

Paramedic, Registered Nurse, Physician Assistant, or Physician and who shall be

designated as part of a skills competency verification process approved by the LEMSA.

The skills requiring verification of competency are:

(1) Injection (IM or SQ)

(2) Peripheral IV

(3) IV Push Medication

(4) Inhaled medications

(5) Blood Glucose Determination

(6) Perilaryngeal Airway Adjunct

(h) Individuals who are deployed for active duty with a branch of the Armed Forces of

the United States, whose Advanced EMT or EMT-II certificate expires during the time

they are on active duty or less than six (6) months from the date the individual is deactivated/released from active duty, may be given an extension of the renewal date of their Advanced EMT certificate for up to six (6) months from the date of their deactivation/release from active duty in order to meet the renewal requirements for their Advanced EMT certificate upon compliance with the following provisions:

(1) Provide documentation from the respective branch of the Armed Forces of the United States verifying the individual's dates of activation and deactivation/release from active duty.

(2) If there is no lapse in certification, meet the requirements of Sub-section (a) through (h) of this Section. If there is a lapse in certification, meet the requirements of Section 100125 of this Chapter.

(3) Provide documentation showing that the CE activities submitted for the certification renewal period were taken not earlier than thirty (30) days prior to the effective date of their Advanced EMT or EMT-II certificate that was valid when they were activated for duty and not later than six (6) months from the date of deactivation/release from active duty.

(A) For those individuals whose active duty required them to use their Advanced EMT or EMT-II skills, credit may be given for documented training that meets the requirements of Chapter 11, EMS CE Regulations (Division 9, Title 22, California Code of Regulations) while they were on active duty. The documentation shall include verification from their Commanding Officer attesting to the classes attended.

(i) If the Advanced EMT recertification requirements are met within six (6) months prior to the expiration date, the Advanced EMT Certifying Entity shall make the effective date

1 of certification the date immediately following the expiration date of the current
2 certificate. The certification expiration date will be the final day of the final month of the
3 two (2) year period.

4 (j) If the Advanced EMT recertification requirements are met greater than six (6) months
5 prior to the expiration date, the Advanced EMT Certifying Entity shall make the effective
6 date of certification the date the individual satisfactorily completes all certification
7 requirements and has applied for certification. The certification expiration date shall not
8 exceed two (2) years and shall be the final day of the final month of the two (2) year
9 period.

10 (d k) The Advanced EMT or EMT-II Certifying Authority Entity shall issue a wallet-sized
11 certificate card to eligible individuals who apply for Advanced EMT recertification and
12 successfully complete the recertification requirements. The wallet-sized certificate card
13 shall contain the information specified in Section 100123 (j).

14 NOTE: Authority cited: Sections 1797.107, 1797.171 and 1797.175, Health and Safety
15 Code. Reference: Sections 1797.61, 1797.82, 1797.62, 1797.118, 1797.171, 1797.175,
16 1797.184, 1797.210, 1797.212, and 1797.214 Health and Safety Code.

17 **§ 100125. Advanced EMT Recertification After Lapse in Certification.**

18 (a) In order to be eligible for recertification an individual shall for an individual whose
19 Advanced EMT Certification has lapsed, the following requirements shall apply:

20 (1) Possess a valid EMT-II certificate which is current. For a lapse of less than six (6)
21 months, the individual shall comply with the requirements contained in Section 100124

22 (b), (c), and (d), (e), (f), (g), and (h) of this Chapter.

1 ~~(2) Apply for recertification with the same EMT-II Certifying Authority which issued the~~
2 ~~certificate referenced in subsection (a)(1) of this section. For a lapse of six (6) months~~
3 ~~or more, but less than twelve (12) months, the individual shall comply with the~~
4 ~~requirements of Section 100124 (b), (c), and (d), (e), (f), (g), and (h), of this Chapter,~~
5 ~~and complete an additional twelve (12) hours of continuing education for a total of forty-~~
6 ~~eight (48) hours of training.~~

7 ~~(3) Successfully complete the continuing education requirements of the local EMS~~
8 ~~agency For a lapse of twelve (12) months or more, but less than twenty-four (24)~~
9 ~~months, the individual shall comply with the requirements of Section 100124 (b), and~~
10 ~~(c), (d), (f), (g), and (h) of this Chapter and complete an additional twenty-four (24)~~
11 ~~hours of continuing education for a total of sixty (60) hours of training and the individual~~
12 ~~shall pass the written and skills certification exam as specified in Section 100123 (a) (3).~~

13 ~~(4) Satisfy any continuous service requirement prescribed by the policies and~~
14 ~~procedures of the local EMS agency. For a lapse of greater than twenty-four (24)~~
15 ~~months, the individual shall complete an entire Advanced EMT course and comply with~~
16 ~~the requirements of Section 100123 (a).~~

17 ~~(5) Demonstrate EMT-II skills and knowledge through the passage by preestablished~~
18 ~~standards developed and/or approved by the EMT-II Certifying Authority pursuant to~~
19 ~~Section 100107 and subsection 100123 (a)(3) of this Chapter, a competency-based~~
20 ~~written and skills examination which has been approved by the EMT-II Certifying~~
21 ~~Authority, and meets the standards for an EMT-II certifying examination as prescribed in~~
22 ~~this Chapter. Individuals who are a member of the reserves and are deployed for active~~
23 ~~duty with a branch of the Armed Forces of the United States, whose Advanced EMT or~~

1 EMT-II certificate expired during the time they are on active duty may be given an
2 extension of the renewal date of their Advanced EMT or EMT-II certificate for up to six
3 (6) months from the date of their deactivation/release from active duty in order to meet
4 the renewal requirements for their Advanced EMT certificate upon compliance with the
5 provisions of Section 100124 (i) of this Chapter and the requirements of sub-section (a)
6 of this section.

7 ~~(b) The effective date of recertification shall be the date of successful passage of the~~
8 ~~competency-based written and skills examination and completion of all recertification~~
9 ~~requirements~~ the individual satisfactorily completes all certification requirements and
10 has applied for recertification. The certification expiration date shall be the final day of
11 the final month of the two (2) year period.

12 ~~(c) Each EMT-II Certifying Authority shall provide for adequate recertification tests to~~
13 ~~accommodate those certified individuals within the jurisdiction of the EMT-II Certifying~~
14 ~~Authority, but in no case less than once per year, unless otherwise specified by the~~
15 ~~EMT-II Approving Authority.~~

16 ~~(d c)~~ The Advanced EMT EMT-II Certifying Authority Entity shall issue a wallet-sized
17 certificate card to eligible individuals who apply for recertification and successfully
18 complete the recertification requirements. The certificate shall contain the information
19 specified in subsection 100123(h).

20 NOTE: Authority cited: Sections 1797.107, 1797.171 and 1797.175, Health and Safety
21 Code. Reference: Sections 1797.61, 1797.82, 1797.62, 1797.118, 1797.171, 1797.175,
22 1797.184, and 1797.210, and 1797.212, Health and Safety Code.

23 **Article 5. Operational Requirements.**

1 **§ 100126. Advanced EMT EMT-II Service Provider.**

2 (a) A ~~local EMS Agency~~ LEMSA with a LALS ~~limited advanced life support~~ system, shall
3 establish policies and procedures for the approval, ~~and designation~~ and evaluation
4 through its EMSQIP of an Advanced EMT EMT-II service provider(s). These policies
5 and procedures shall include provisions requiring an Advanced EMT EMT-II to be
6 affiliated with an approved Advanced EMT EMT-II service provider in order to perform
7 the scope of practice specified in this Chapter ~~for an EMT-II~~.

8 (b) An approved Advanced EMT service provider shall:

9 (1) Provide emergency medical service response on a continuous twenty-four (24)
10 hours per day basis unless otherwise specified by the ~~local EMS Agency~~ LEMSA, in
11 which case there shall be adequate justification for the exemption (e.g., lifeguards, ski
12 patrol, personnel, etc.).

13 (2) Have and agree to utilize and maintain telecommunications as specified by the ~~local~~
14 ~~EMS Agency~~ LEMSA.

15 (3) ~~Have and agree to~~ Maintain a drug and solution inventory, basic and LALS ~~limited~~
16 ~~advanced life support~~ medical equipment and supplies as specified by the ~~local EMS~~
17 ~~Agency~~ LEMSA.

18 (4) Have a written agreement with the ~~local EMS Agency~~ LEMSA to participate in the
19 LALS ~~limited advanced life support~~ program and to comply with all applicable State
20 regulations, and local policies and procedures, including a ~~mechanism to assure~~
21 ~~compliance~~ participation in the LEMSAs EMSAQIP as specified in Section 100107.1.

1 (5) Be responsible for assessing the current knowledge of their Advanced EMT in local
2 policies, procedures, and protocols and for assessing their Advanced EMTs skills
3 competency.

4 (c) No Advanced EMT ~~EMT-II~~ service provider shall advertise itself as providing ALS
5 ~~advanced life support~~ or Paramedic services unless it does, in fact, routinely provide
6 ALS ~~advanced life support~~ or Paramedic services on a continuous twenty-four (24)
7 hours per day basis and meets the requirements of subsection (b) of this section.

8 (d) For Advanced EMT service providers, ~~No~~ responding unit shall advertise itself as
9 providing ALS ~~advanced life support~~ services unless it does, in fact, provide ALS
10 ~~advanced life support~~ services and meets the requirements of subsection (b) of this
11 section.

12 ~~(e) The local EMS Agency shall review its agreement with each EMT-II provider at least~~
13 ~~every two (2) years. Such agreement may be changed, renewed, cancelled, or~~
14 ~~otherwise modified at that time.~~

15 (f e) The ~~local EMS Agency~~ LEMSA may deny, suspend, or revoke the approval of an
16 Advanced EMT ~~EMT-II~~ service provider for failure to comply with applicable policies,
17 procedures, and regulations.

18 NOTE: Authority cited: Sections 1797.2, 1797.107 and 1797.171, Health and Safety
19 Code. Reference: Sections 1797.2, 1797.82, 1797.171, 1797.180, 1797.204 and
20 1797.218, Health and Safety Code.

21 **§ 100127. Advanced EMT and/or EMT-II Base Hospital.**

22 (a) A ~~local EMS Agency~~ LEMSA with a LALS ~~limited advanced life support~~ system shall
23 ~~approve and designate selected~~ an Advanced EMT and/or EMT-II base hospital(s) or

~~alternative base stations as the local EMS Agency deems necessary to provide~~
~~immediate medical direction and supervision of an Advanced EMT EMT-II personnel in~~
~~accordance with policies and procedures established by the local EMS Agency. An~~
Paramedic base hospital may serve as an Advanced EMT base hospital.

(b) An ~~approved~~ designated Advanced EMT EMT-II base hospital shall:

(1) No Change.

(2) Have a special permit for Basic or Comprehensive Emergency Medical Service
pursuant to the provisions of Division 5, or have been granted approval by the Authority
for utilization as a base hospital pursuant to the provisions of Section 1798.101 of the
Health and Safety Code.

(3) Be accredited by the Joint Commission on Accreditation of Healthcare Organizations
or the Healthcare Facilities Accreditation Program of the American Osteopathic
Association.

~~(3 4)~~ Have and agree to utilize and maintain two-way telecommunications as specified
by the ~~local EMS Agency~~ LEMSA, capable of direct two-way voice communication with
the Advanced EMT EMT-II field units assigned to the hospital.

~~(4 5)~~ Have a written agreement with the ~~local EMS Agency~~ LEMSA indicating the
~~commitment~~ concurrence of hospital administration, medical staff and emergency
department staff to meet the requirements for program participation as specified in this
Chapter and by the ~~local EMS Agency's~~ LEMSA's policies and procedures.

~~(5 6)~~ Assure that a Pphysician, licensed in California, experienced in emergency
medical care, is assigned to the emergency department, ~~and is~~ available at all times to
provide immediate medical direction to the ~~authorized-registered~~ Mmobile Iintensive

~~Care Nurse, or Advanced EMT EMT-II~~ personnel. This Physician shall have experience in and knowledge of base hospital radio operations and LEMSA policies, procedures and protocols.

~~(6 7)~~ Assure that the nurses giving radio direction to Advanced EMT EMT-II personnel are trained and certified as authorized registered Mobile Intensive Care Nurses by the medical directors of the local EMS Agency LEMSA.

~~(7 8)~~ Designate an Advanced EMT EMT-II base hospital medical director who shall be a Physician on the hospital staff, licensed in the State of California who is certified or prepared for certification by the American Board of Emergency Medicine, and have experience in emergency medical care. The requirement of board certification or prepared for certification may be waived by the medical director of the LEMSA. This

Physician shall be regularly assigned to the emergency department, have experience in and knowledge of base hospital telecommunications and local EMS Agency LEMSA

policies and procedures and shall be responsible for overall medical control and

supervision of the EMT-II program within the base hospital's area of responsibility,

functions of the base hospital including quality improvement as designated by the

medical director of the LEMSA, including review of patient care records and critique with

personnel involved. The EMT-II base hospital medical director shall be responsible for

reporting deficiencies in patient care to the local EMS Agency.

~~(8 9)~~ Identify an authorized registered Mobile Intensive Care Nurse, if utilized by the LEMSA, with experience in and knowledge of base hospital telecommunications

operations and local EMS Agency LEMSA policies and procedures as a prehospital

liaison to assist the base hospital medical director in the medical control and supervision of the Advanced EMT EMT-II.

(9 10) Ensure that a mechanism exists for replacing medical supplies and equipment used by LALS ~~limited advanced life support~~ personnel during treatment of patients according to policies and procedures established by the ~~local EMS Agency~~ LEMSA.

(40 11) Ensure a mechanism exists for initial supply and replacement of controlled substances administered by LALS ~~limited advanced life support~~ personnel during treatment of patients according to policies and procedures established by the ~~local EMS Agency~~ LEMSA.

(44 12) Provide for CE ~~continuing education~~ in accordance with the policies and procedures of the ~~local EMS Agency~~ LEMSA.

(42 13) Agree to ~~maintain and make available to~~ participate in the ~~local EMS Agency's~~ LEMSA's EMSQIP, which may include making available all relevant records for program monitoring and evaluation. ~~of the limited advanced life support system.~~

(c) ~~The local EMS Agency shall review its agreement with each EMT-II base hospital at least every two (2) years. Such agreement may be changed, reviewed, cancelled, or otherwise modified as necessary.~~

If no qualified base hospital is available to provide medical direction, the medical director of the LEMSAs may approve an alternative base station pursuant to Health and Safety Code Section 1798.105.

(d) ~~The local EMS Agency~~ LEMSA may deny, suspend, or revoke the approval of an ~~EMT-II~~ a base hospital for failure to comply with any applicable policies, procedures, and regulations.

~~(e) The local EMS Agency may designate other facilities to assist the base hospital in fulfilling its functions.~~

NOTE: Authority cited: Sections 1797.107 and 1797.171, Health and Safety Code.

Reference: Sections 1797.53, 1797.58, 1797.82, 1797.101, 1797.171, 1797.178, 1798, 1798.2, 1798.3, 1798.100, 1798.102, 1798.104, and 1798.105, Health and Safety Code.

§ 100128. Medical Control.

~~A local EMS Agency with a limited advanced life support system shall, in conjunction with it's~~ The medical director of a LEMSA shall establish and maintain medical control in the following manner:

(a) Prospectively, by assuring the development of written medical policies and procedures, to include at a minimum:

(1) ~~Readily accessible treatment procedures~~ protocols ~~which that~~ encompass the Advanced EMT ~~EMT-II~~ scope of practice.

(2) Local medical control policies and procedures as they pertain to the Advanced EMT ~~EMT-II~~ base hospitals, alternative base stations, ~~EMT-II designated facilities~~, ~~EMT-II service providers~~, ~~EMT-II personnel~~, patient destination, and the local EMS Agency LEMSA.

(3) Criteria for initiating specified emergency treatments on standing orders, which are consistent with this Chapter, ~~for use in the event of communication failure~~.

~~(4) Criteria for initiating specified emergency treatments prior to voice contact, which are consistent with this Chapter.~~

~~(5 4) Requirements to be followed when it is determined that the patient is will not to be
require transported to the hospital by ambulance or when the patient refuses transport.~~

~~Such requirements shall include, but not be limited to:~~

~~(A) Specific medical conditions where telecommunication is required.~~

~~(B) Written reports, if the patient is not transported, shall be reviewed at least on a
monthly basis by the base hospital medical director.~~

~~(6) Requirements for establishing medical direction by a satellite hospital under the
medical control of a base hospital.~~

~~(7 5) No Change:~~

~~(A) No Change.~~

~~(B) No Change.~~

~~(C) No Change.~~

~~(D) No Change.~~

~~(E) Record distribution to include LEMSA, receiving hospital, Advanced EMT and/or
EMT-II base hospital, alternative base station, and Advanced EMT and/or EMT-II
service provider.~~

~~(b) Immediately, by Establish policies which providing provide for direct voice control
communication by between an Advanced EMT and/or EMT-II and base hospital
designated Pphysician or authorized registered Mobile Intensive Care Nnurse, as
needed. Those provisions shall include the following:~~

~~(1) An EMT-II shall be assigned to a specific EMT-II base hospital and, unless
otherwise specified in this Chapter, shall not initiate limited advanced life support
procedures without a direct voice order from that base hospital or a designated facility~~

1 ~~which contracts with the base hospital. The local EMS Agency may develop policies and~~
2 ~~procedures which allow for direct voice orders from other EMT-II hospitals under~~
3 ~~specific conditions.~~

4 ~~(2) An EMT-II initiating a limited advanced life support procedure shall attend the patient~~
5 ~~during transport unless otherwise specified by local EMS Agency procedures.~~

6 (c) Retrospectively, by providing for organized evaluation and CE continuing education
7 for Advanced EMT and/or EMT-II personnel. This shall include, but need not be limited
8 to:

9 (1) Review by a base hospital Pphysician or ~~authorized registered~~ Mobile Intensive
10 Care Nurse of the appropriateness and adequacy of ALS ~~advanced life support~~
11 procedures initiated and decisions regarding transport.

12 (2) Maintenance of records of communications between the service provider(s) and the
13 base hospital through ~~tape~~ audio recordings and through emergency department
14 communication logs sufficient to allow for medical control and continuing education of
15 the Advanced EMT and/or EMT-II.

16 (3) No Change.

17 (4) Organized opportunities for CE ~~continuing education~~ including maintenance and
18 proficiency of skills specified in this Chapter.

19 (d) In circumstances where use of a base hospital as defined in Section 100127 is
20 precluded, alternative arrangements for complying with the requirements of this Section
21 may be instituted by the medical director of the LEMSA if approved by the Authority.

NOTE: Authority cited: Sections 1797.107, 1797.171 and 1797.176, Health and Safety Code. Reference: Sections 1797.82, 1797.90, 1797.171, 1797.202, 1797.220, 1798, 1798.2, 1798.4, Health and Safety Code.

Article 6. Record Keeping and Fees

§ 100129. Record Keeping.

(a) Each Advanced EMT ~~and/or EMT-II~~ Approving Authority shall maintain a record list of approved training programs within its jurisdiction and provide the Authority annually with the names, addresses, phone number, course director, frequency of classes, student eligibility requirements and cost of each class and date of expiration for each approved program. The ~~State EMS~~ Authority shall be notified of any changes in the list of approved training programs as such occurs.

(b) Each Advanced EMT ~~EMT-II~~ Approving Authority shall maintain a list of current Advanced EMT ~~EMT-II~~ program medical directors, course directors and principal instructors within its jurisdiction.

(c) The ~~State EMS~~ Authority shall maintain a record of approved Advanced EMT ~~EMT-II~~ training programs.

~~(d) Each EMT-II Certifying Authority shall, at a minimum, maintain a list of all EMT-IIs certified or recertified by them in the preceding three (3) years. Each EMT-II Certifying Authority shall maintain a list of all EMT-IIs whose certificate has been suspended or revoked and submit the names to the State EMS Authority as such occurs.~~

~~(e d)~~ The Advanced EMT ~~EMT-II~~ is responsible for accurately completing the patient care record referenced in 100128(a)(7) which shall contain, but not be limited to, the following information when such information is available to the Advanced EMT:

- 1 (1) No Change.
- 2 (2) The time of receipt of the call (available through dispatch records).
- 3 (3) ~~Time of arrival at the scene~~ The time of dispatch to the scene.
- 4 (4) Time of Unit Enroute
- 5 (4- 5) ~~Time of advanced life support intervention.~~ Time of arrival at the scene
- 6 (5 6) No Change.
- 7 (6 7) No Change:
- 8 (A) No Change;
- 9 (B) No Change;
- 10 (C) No Change;
- 11 (D) ~~estimated~~ weight, if necessary for treatment;
- 12 (E) No Change;
- 13 (F) No Change
- 14 (G) No Change.
- 15 (7) Appropriate physical ~~examination~~ assessment.
- 16 (8) The emergency care rendered and the patient's response to such treatment.
- 17 (9) Name of designated Physician and/or authorized Registered Nurse issuing
- 18 orders.
- 19 (10) No Change.
- 20 (11) No Change.
- 21 (12) No Change.
- 22 (13) No Change.

(14) The name(s) and ~~certificate~~ unique identifier number(s) of the Advanced EMT(s)
EMT-II (s).

(15) Signature(s) of Advanced EMT(s) ~~EMT-II(s)~~.

(e) A LEMSA utilizing computer or other electronic means of collecting and storing the
information specified in subsection (e) of this section shall, in consultation with EMS
providers, establish policies for the collection, utilization and storage of such data.

NOTE: Authority cited: Sections 179.107, 1797.171 and 1797.175, Health and Safety
Code. Reference: Sections 1797.82, 1797.171 and 1797.173, 1797.200, 1797.202,
1797.204 and 1797.208, Health and Safety Code.

§ 100130. Fees.

A ~~LEMSA local EMS Agency~~ may establish a schedule of fees for Advanced EMT ~~EMT-II~~
training program approval, Advanced EMT ~~EMT-II~~ certification, and the Advanced
EMT ~~EMT-II~~ recertification in any amount sufficient to cover the reasonable cost of
complying with the provisions of this Chapter.

NOTE: Authority cited: Sections 1797.107, 1797.171 and 1797.212., Health and Safety
Code. Reference: Sections 1797.61, 1797.82, 1797.171, 1797.184, and 1797.212,
Health and Safety Code.